SECTION 7 MEDICARE BILLING TIPS

CLAIMS NOT CROSSING OVER ELECTRONICALLY

If none of a provider's Medicare claims are crossing over to Medicaid electronically, contact Medicaid to see if the provider has a Medicare number on file and that it is the correct one. Although Medicare advises that a claim was forwarded to Medicaid for processing, this does not guarantee that Medicaid received the claim information or was able to process it. If there is a problem with the claim or the recipient or provider files, the claim will not process. A provider should wait 60 days from the date a claim was paid by Medicare before filing a crossover claim with Medicaid. If a claim is submitted sooner, it is possible that the provider will receive a duplicate payment. If this occurs, the provider must submit an Individual Adjustment Request form to have Medicaid take back one of the payments.

TIMELY FILING

Claims initially filed with Medicare within Medicare timely filing requirements and that require separate filing of a crossover claim with Medicaid must meet the timely filing requirements by being submitted by the provider and received by the Medicaid agency within 12 months from the date of service or six months from the date on the provider's Medicare Explanation of Medicare Benefits (EOMB), whichever date is *later*. The counting of the six-month period begins with the date of adjudication of the Medicare payment and ends with the date of receipt.

BILLING FOR ELIGIBLE DAYS

A provider may attempt to bill only for eligible days on the Medicaid Part B claim form. In order for crossover claims to process correctly, a provider must bill all dates of service shown on the Medicare EOMB. The Medicaid claims system will catch those days' claims containing ineligible days and the claim will be prorated for the eligible days only.

ADJUSTMENTS

If Medicare adjusts a claim and Medicaid has paid the original crossover claim, then the original claim payment from Medicaid should be adjusted using an Individual Adjustment Request form with both Medicare EOMBs attached to the form.





	Medicare CMS	1500 Pa	rt B Crossove	r:	
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Line	Thru Date of Service (mm/dd/yy)*		Days/Units Billed*		Detail Other
No.	Place of Service* Procedure Code* and Modifiers		Billed Charges \$*	Medicaid Performing Provider ID*	Payers
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- ➤ At the Medicaid billing Web site, click on 'Medicare CMS 1500 Part B Crossover. That will bring you to the screen above.
- > Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions;
- > Scroll back to the top of the form and complete all the Medicaid header information. Refer to the Medicare EOMB on the previous page as well as the patient's medical record. Complete the fields as shown above, then complete the Header Other Payer by clicking on 'ADD/EDIT'.





Other Payer Header Information

Enter Other Payer(s) Header Information for Medicare CMS 1500 Part B Crossover claim.

		Other	Payer #1			
Filing Indicator* MB-Medicare		F	Other Paye	er Name*	Medicare Part B	
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Header Allowed Amount \$ *	32.35		Total Denie	ed Amount \$	0.00	
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Group Code	Reason Code	Adjust Amount \$		Group Code	Reason Adjust Code Amount \$	
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Remark Codes						
					Remove Payer#1	
		Add	Payer			
		Done	Cancel			
		Dolle	Calicel			
		[H	lelp]			

- > Now you are on the Other Payer Header screen. Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions.
- > Scroll back to the top of the form and complete the information at the top as shown. For Part B and Part B of A crossover claims, you do not complete the Group Codes, Reason Codes and Adjustment Amounts information. You will be entering this information elsewhere.
- Click on 'Done'.





Fields marked * must be filled in. Claim Frequency Type Code* 1-Original Patient Name (Last Name, First Name)* Patient Med	000000 SAMPLE	ENUMBER	
Claim Frequency Type Code* 1-Original Patient Name (Last Name, First Name)* Patient Med			
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- > Now you are back on the original screen ready to add your detail information to the claim.
- > Again, using the Medicare EOMB example from the previous page, enter the detail information as shown above.
- ➤ When done entering the information, click on 'ADD/EDIT' to add the Medicare detail information.





Other Payer Detail Information

Enter Other Payer(s) Detail Information for Medicare CMS 1500 Part B Crossover claim. Fields marked * must be filled in.

	Claim De	etail Line #1	
	Other	Payer #1	
Paid Date (mm/dd/yy)* 06	/ 29 / 05		
Gi	roup Codes, Reason Co	odes & Adjustment Amounts	
Group Code	Reason Adjust Code Amount \$	Group Code	Reason Adjust Code Amount \$
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130			Add Reason Codes
		**	Remove Payer#1
		15 1	Hemove Payer#1
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> Now you are on the Other Payer Detail screen. Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions.

[Help]

Cancel

Done

- > Scroll back to the top, complete the Medicare paid date information as well as the Group and Reason Codes and Adjustment Amounts. See above sample. If the reason codes are not listed on your Medicare EOMB, choose the most appropriate code from the list of "Claim Adjustment Reason Codes" from the HIPAA Related Code List. For example, the code on the Claim Adjustment Reason Code list for deductible amount is 1 and for coinsurance amount is 2. Therefore, you would enter a Reason Code of '001' for deductible amounts and '002' for coinsurance amounts due.
- > The 'Adjust Amount' should reflect any amount not paid by Medicare including deductible, coinsurance and any non-allowed amounts.
- Click on 'Done'.





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> This brings you back to the original screen. At this point, we are done entering the information. Click on 'Continue'.





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> This brings you to a screen asking you to verify the information entered. Scroll to the bottom of the screen and click 'Help', print off and save the instructions.

[Home] [Help]

Edit

Submit

> You can either edit the information or submit. Click on 'Submit'.





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Claim Frequency Type Code Pro		Provider Medicare Number				
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> After submitting your claim, you will be brought to a screen which states, "Thank you. Your claim has been received". Click on the 'Print' button at the bottom of the screen to print off and save for your records.

[Home] [Help]

> To enter another claim, click on 'Next'.